

ACKNOWLEDGEMENT OF NOTIFICATION

OF HAZARDOUS WASTE ACTIVITY

08/20/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NYD986909810

FACILITY NAME ->

B S B PRODUCTS CORP

MAILING ADDRESS ->

250 GRIDER ST BUFFALO, NY 14215

INSTALLATION ADDRESS ->

250 GRIDER ST BUFFALO, NY 14215

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION II 26 FEDERAL PLAZA NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: BENZ FRANK COMPTROLLER
B S B PRODUCTS CORP
250 GRIDER ST
BUFFALO, NY 14215

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United States Environmental Protection Agency Washington, DC 20460

EPA Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

or Official Use Only								
	Comments							
A 2 4 70 12 Key (1 16) 10 m/s								
	2744 CT 1872	Date Recei	ved	1511				
Installation's EPA ID Number	Approved	(yr. mo.	day)	3				
NY0986909810	1/A C	9008	13 5	suo.				
Name of Installation								
BSB PRODUCTS	CORP	am and fitt will	STAR CONTRACTOR	or 54 000 100 100				
Installation Mailing Address	Colc							
. Histaliation Walling Address	Street or P.O. Box	LI S Rezelos		1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
FOFD LOTDER S	7							
City or Town	/ nl sel stustos	hit of two boundaries	State	ZIP Code				
City of Town			-211	1121				
4BUFFALO			N9	19215				
I. Location of Installation	Anna Anna Barras Murantan	Calculate if a disease						
ci i i i i i i i i i i i i i i i i i i	treet or Route Number	TIT	FILE					
5 SAME								
City or Town			State	ZIP Code				
<u>c</u>								
V. Installation Contact	and the second second second second	were groundstation in 4 miles of the second	معملتها ومدريت والمريان والمكافئة والمرابع	mar utilizationi managani mana				
Name and Title (last, first, and join	b title)	Ph	one Number (area	code and number)				
BENZ FRANK-C	omptrolle	17/	6894	0165				
V. Ownership	DALPITONE		0 0 1	0145				
A. Name of Installation's Le	egal Owner		B. Type of Ov	vnership (enter code)				
0			COR	P				
VI. Type of Regulated Waste Activity (Mark 'X' i	n the engrapriete t	oves Refer to in		, ,				
A. Hazardous Waste Activity	Trice appropriate b		Oil Fuel Activities					
☐ 1a. Generator ☐ 1b. Less than 1,000 kg	/mo.	Specification Used (Oil Fuel					
2. Transporter	(ent	(enter 'X' and mark appropriate boxes below)						
3. Treater/Storer/Disposer		☐ a. Generator Marketing to Burner						
4. Underground Injection 5. Market or Burn Hazardous Waste Fuel		b. Other Marketer	e the total					
(enter 'X' and mark appropriate boxes below)	.	c. Burner						
☐ a. Generator Marketing to Burner		cification Used Oil F o First Claims the O						
b. Other Marketer c. Burner								
VII Waste Fuel Burning: Type of Combustion D	evice (enter 'X' in all a	opropriate boxes to in	ndicate type of com	bustion device(s) in				
which hazardous waste fuel or off-specification used oil fuel			. Industrial Furnac					
☐ A. Utility Boiler ☐ VIII. Mode of Transportation (transporters only	B. Industrial Boiler			- 1				
A. Air B. Rail C. Highway D. Water	E. Other (specify)	O CLASSING TO LAKE		Annan other				
IX. First or Subsequent Notification	1-1-1-1-1-1-1-1	actification of house	rdoue mosts set	ity or a subsequent				
Mark 'X' in the appropriate box to indicate whether this is notification. If this is not your first notification, enter your ins	your installation's first tallation's EPA ID Num	per in the space prov	vided below.	ity or a subsequent				
			Installation's EPA	ID Number				
🛮 A. First Notification 🔲 B. Subsequent Notification (c	complete item C)							

		30		ID.	- For Official Use On	ly
			L C			T/A C
X.	Description of Haza	rdous Wastes (cor	ntinued from front)			
A. F	lazardous Wastes from Norman nonspecific sources y	onspecific Sources.	nter the four-digit num	ber from 40 CFR Part 2 s if necessary.	261.31 for each listed ha	azardous waste
	1	2	3	4	5	6
	DOOIF	=002		-		
	7	002	9	10		
					11	12
B. I	lazardous Wastes from S	pecific Sources. Ente	r the four-digit number	from 40 <i>CFR</i> Part 261.	32 for each listed hazard	dous waste from
	specific sources your insta	allation handles. Use a	dditional sheets if neces	ssary.		
į,	13	14	15	16	17	18
	tig item para yaki					
	19	20	21	22	23	24
		N. Land				
	25	26				
	75	26	27	28	29	30
1-7					1 17	
C. C	Commercial Chemical Proportion in the commercial Chemical Properties of the commercial Chemical Chem	oduct Hazardous Was vhich may be a hazardo	tes. Enter the four-digit ous waste. Use addition	number from 40 CFR F al sheets if necessary.	Part 261.33 for each che	emical substance
	31	32	33	34	35	36
		E F A M W.				TIT
		and the second of the				
	37	38	39	40	41	42
	43	44	45	46	47	48
	2,42					
D. I	Listed Infectious Wastes. Ditals, or medical and rese	Enter the four-digit nu	umber from 40 CFR Part	261.34 for each hazard	dous waste from hospita	als, veterinary hos-
	49	50	51	52	53	54
			Nati			
E. (Characteristics of Nonlist our installation handles.	ed Hazardous Wastes See 40 CFR Parts 261.	. Mark 'X' in the boxes (.21 — 261.24)	corresponding to the ch	aracteristics of nonliste	d hazardous wastes
	1. Ignitable		2. Corrosive	3. Reactiv	/A	4. Toxic
	7 \ (D001)	end new Rantes	(D002)	(D003)		(D000)
XI.	Certification					
1.54	I certify under penal this and all attached	ty of law that I have	re personally exami	ned and am familia	ar with the informa	tion submitted in
	obtaining the inform	ation, I believe that	t the submitted info	rmation is true, acc	curate, and complete	e. I am aware that
	there are significant	penalties for subm	nitting false informa	tion, including the	possibility of fine ar	nd imprisonment.
Sig	nature	100 100	/	ial Title (type or print)	Date	e Signed /
	HAR A. B.	nf	Comptro	Oller		8/8/90
_		/				<u> </u>

EPA Form 8700-12 (Rev. 11-85) Reverse

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FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: August 29, 2016 - 3:27 PM Version 5.0

User Selection Criteria

Location:

New York, all activities

Activity Location:

None Chosen

Handler ID:

NYD986909810

Group of IDs:

None Chosen

Handler Name:

Handler Universe:

All Facilities Regardless of Universe

Determined Date Range: From: 10/01/1980 To: 08/29/2016

Location County Code: None Chosen

Evaluation Type:

Location City:

Focus Area:

Location Zip Code:

Violation Type:

State District:

None Chosen

Display Code Descrip.: Yes

Sort Order:

Region, State, Handler Name

Display Universes:

Yes

Results

Data meeting the criteria you selected follows.

Total Pages: 4

Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations. violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name:

cme foia.rdf

Developed by:

EPA Headquarters, Office of Enforcement and Compliance Assurance

Deployed: Last Updated: June 2006 May 2012

Contact:

rcrainfo.help@epa.gov

Tables Used:

cmecomp3, ccitation3, hreport univ5, lu citation, lu state, hid groups

Libraries:

none

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Report run on: August 29, 2016 - 3:27 PM

B S B PRODUCTS CORP				Coun	County Name / Code: ERIE / NY029					NYD986909810	
Location: 250 GRIDER ST;											REGION 02
Mailing: 250 GRIDER ST;	BUFFALO, NY 1	4215									
Activity Location: NY	State	District: NYS	DEC R9	Accessibility:		N	on-Notifier:		Extract Flag	: Y	Active Site: N
Generator: N Short-Term Gen: N		sporter: sfer Facility:	N N	Operating TSDF Offsite Receiver		N	IC In Place HSM:	:	N N	El Indicator (F Subpart K:	IE / GW):N / N
		verter: e TSDF:		State Unaddress State Addressed State SNC w/Co	SNC:	N N N	EPA Addre	dressed SNC: essed SNC: w/Comp Sched	N N : N		
Evaluations With No Violatio	ns:										
CEI Evaluation 06/ Citizen Complaint		ctivity Location		By: State Sampling: NO	Identifie Ne	r: 000 ot Subtitle		NYRFR Day Zero:	Branch: R9		Violation: NO s Area:
Total Number of Hand	lers:		1								
Total Number of Activity	ty Locations:		1								

^{*} End of Report *

^{*} Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: August 29, 2016 - 3:27 PM

Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
El Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

^{*} Note: Penalty amount may not reflect all violations cited.

Report run on: August 29, 2016 - 3:27 PM

Description of codes used on the report:

Code	Description
В	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
С	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

suspected	ER - indicates that the handler has been identified through a source other than Notification and of conducting RCRA-regulated activities without proper authority:
Code	Description
Е	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
0	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Evaluation Type	Type Description	
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE	

^{*} Note: Penalty amount may not reflect all violations cited.